Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIV	DDOCEDIIDES	MOTICE	FILING
ADMINISTRATIV	PROCEDURES	NOTICE	LILIIAO

AGENCY NAME MS State Department of Health ADDRESS PO Box 1700		CONTACT PERSON Mitchell Adcock		TELEPHONE NUMBER 601-576-7847	
		CITY Jackson	STATE MS	ZIP 39216-1700	
EMAIL ingrid.williams@msdh.ms.gov	SUBMIT DATE 9/2/15	Name or number of rule(s): MINIMUM STANDARDS OF OPERATION OF PRESCRIBED PEDIATRIC EXTENDS CARE (PPEC) CENTERS		EDIATRIC EXTENDED	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Modifies current Minimum Standards of Operation of Prescribed Pediatric Extended Care (PPEC) Centers to include: required food permit

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from the MS State Department of Health Office	of Environmental Health, required Automatic	Sprinkler Systems in accordance with the					
current edition of NFPA 13, Installation of Sprink	ler Systems, and required emergency generate	or system in accordance with NFPA 110					
Standard for Emergency and Standby Power Systems; Fire Code items to include Fire Extinguishers in accordance with NFPA 10, Standard							
for Portable Fire Extinguishers; Fire alarms with smoke detectors in accordance with NFPA 72; National Fire Alarm Code; for programmatic							
design elements to include maximum occupar	rcy load for the building stall be calculated bo	ased on 100 gloss squale leet bet betsom to					
include staff and each child.							
Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §43-13-117							
List all rules repealed, amended, or suspende	ed by the proposed rule: Rule(s): 2.3.9, 2.19	.6, 2.20.1, 2.20.2, 2.20.4					
ORAL PROCEEDING:							
An oral proceeding is scheduled for this rule	on Date: Time:						
Presently, an oral proceeding is not sche							
If an oral proceeding is not scheduled, an oral proceeding	ng must be held if a written request for an oral proceed	ing is submitted by a political subdivision, an agency or					
ten (10) or more persons. The written request should be notice of proposed rule adoption and should include the	e submitted to the agency contact person at the above e name, address, email address, and telephone number	of the person(s) making the request; and, if you are an					
agent or attorney, the name, address, email address, ar	nd telephone number of the party or parties you represe	ent. At any time within the twenty-five (25) day public					
comment period, written submissions including argume	ents, data, and views on the proposed rule/amendment	/repeal may be submitted to the filing agency.					
ECONOMIC IMPACT STATEMENT:							
Economic impact statement not requ	uired for this rule.	of economic impact statement attached,					
TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES					
		Date Proposed Rule Filed: 8/28/15					
Original filing	Action proposed:	Action taken:					
Renewal of effectiveness	New rule(s)	Adopted with no changes in text					
To be in effect in days	Amendment to existing rule(s)	Adopted with changes					
Effective date:	Repeal of existing rule(s)	Adopted by reference					
Immediately upon filing	Adoption by reference	X Withdrawn					
Other (specify):	Proposed final effective date: 30 days after filing	Repeal adopted as proposed Effective date:					
	Other (specify):	30 days after filing					
	other (specify).	X Other (specify): immediately					
Printed name and Title of person author	ized to file rules: Mitchell Adcock Cl	hief Administration Officer					
Signature of person authorized to file ru		mer manning traction of mee.					
Signature of person authorized to the ru	DO NOT WRITE BELOW THIS LINE						
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.